

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RW	32	12/7
FORMALITY REVIEW	60	64934	6/10/01
RESPONSE FORMALITY REVIEW	CM	71632	4/26/01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	07/05/00
2	02/15/02
3	03/09/03
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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